

A. NAME OF COMPANY		B. YOUR NAME (Last, First, Middle)		C. SOCIAL SECURITY NO.		D. TELEPHONE (H) (B)	
E. STREET		F. CITY	G. STATE	H. COUNTY	I. ZIP	J. TAX IDENTIFICATION NO.	
K. TYPE OF BUSINESS				L. BUS. OWNSHP./GENDER		M. VETERAN STATUS	
1. <input type="checkbox"/> Retail		4. <input type="checkbox"/> Manufacturing		1. <input type="checkbox"/> Male		1. <input type="checkbox"/> Veteran	
2. <input type="checkbox"/> Service		5. <input type="checkbox"/> Construction		2. <input type="checkbox"/> Female		2. <input type="checkbox"/> Vietnam-Era Veteran	
3. <input type="checkbox"/> Wholesale		6. <input type="checkbox"/> Not in Business		3. <input type="checkbox"/> Male/Female		3. <input type="checkbox"/> Disabled Veteran	
N. ! INDICATE PREFERRED DATE AND TIME FOR APPOINTMENT  DATE _____ TIME _____  ! ARE YOU CURRENTLY IN BUSINESS? YES _____ NO _____  ! IF YES, HOW LONG? _____  ! TYPE OF BUSINESS (USE THREE TO FIVE WORDS)  _____					O. ETHNIC BACKGROUND a. Race: _____ b. Ethnicity: _____  1. <input type="checkbox"/> American Indian _____ 1. <input type="checkbox"/> Hispanic _____ or Alaskan Native _____ Origin _____  2. <input type="checkbox"/> Asian or Pacific Islander _____ 2. <input type="checkbox"/> Not of _____  3. <input type="checkbox"/> Black _____ Hispanic _____  4. <input type="checkbox"/> White _____ Origin _____		
P. INDICATE, BRIEFLY, THE NATURE OF SERVICE AND/OR COUNSELING YOU ARE SEEKING  _____  _____							
Q. ! IT HAS BEEN EXPLAINED TO ME THAT I MAY USE FURTHER SERVICES SPONSORED BY THE  U.S. SMALL BUSINESS ADMINISTRATION YES _____ NO _____  ! I HAVE ATTENDED A SMALL BUSINESS WORKSHOP YES _____ NO _____  ! CONDUCTED BY _____							
R. HOW DID YOU LEARN OF THESE COUNSELING SERVICES? 1. <input type="checkbox"/> Yellow pages    3. <input type="checkbox"/> Radio    5. <input type="checkbox"/> Bank    7. <input type="checkbox"/> Word-of-Mouth 2. <input type="checkbox"/> Television    4. <input type="checkbox"/> Newspapers    6. <input type="checkbox"/> Chamber of Commerce    8. <input type="checkbox"/> Other _____							
S. SBA CLIENT (To Be Filled Out By Counselor) 1. <input type="checkbox"/> Borrower    2. <input type="checkbox"/> Applicant    3. <input type="checkbox"/> 8(a) Client    4. <input type="checkbox"/> COC    5. <input type="checkbox"/> Surety Bond							
T. AREA OF COUNSELING PROVIDED (To Be Filled Out By Counselor) _____ 1. Bus. Start -Up/Acquisition    5. Accounting & Records    9. Personnel    13. Technology 2. Source of Catal    6. Finan. Analysis/Cost Control    10. Computer Systems 3. Marketing/Sales    7. Inventory Control    11. Internat'l Trade 4. Government Procurement    8. Engineering R&D    12. Business    Liq./Sale							
I request business management counseling from the Small Business Administration. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services. I authorize SBA to furnish relevant information to the assigned management counselor(s) although I expect that information to be held in strict confidence by him/her.							
I further understand that any counselor has agreed not to: (1) recommend goods or services from sources in which he/she has an interest and (2) accept fees or commissions developing from this counseling relationship. In consideration of SBA's furnishing management or technical assistance, I waive all claims against SBA personnel, SCORE, SBDC and its host organizations, SBI, and other SBA Resource Counselors arising from this assistance.							
SIGNATURE AND TITLE OF REQUESTER						DATE	
FOR USE OF THE SMALL BUSINESS ADMINISTRATION							
RESOURCE						DISTRICT	

WHITE: COUNSELOR  
YELLOW: SBI OR SCORE OR SBDC SUB.  
PINK: DO OR NSO OR SBIDC LEAD

A.Reflects the full name of the Company/Business owned. Leave blank if you are not yet in business.

B.Name. If partnership or corporation, enter only one name.

C.Social Security number of the person requesting counseling.

D.through I. Complete as indicated.

J.Tax identification number (usually issued by state or other jurisdiction of business operation) of the person requesting counseling.

K.Reflects the client's PRIMARY business.

L.Complete as indicated. (Check only one) If in business, this box refers to owner of business. If going into business this box refers to the applicant's gender. If joint ownership, #3 refers to male and female joint ownership.

M.Complete as indicated. (Check all that apply)

N.Complete as indicated. (Requires multiple answers)

O.Requires two answers. Select one answer for RACE and one answer for ETHNICITY.

P.Complete as indicated. (Narrative answer required)

Q.Complete as indicated. (Requires multiple answers)

R.Complete as indicated.

S.To be completed by counselor. (Check all that apply)

Q2. Applicant - refers to applicants for SBA financial assistance.

Q4. COC - refers to applicants who have applied for Certificate of Competence

T.Determine the area for which you will provide assistance. (Check only one)

PLEASE NOTE: The estimated burden hours for the completion of this form is 7 minutes per response. If you have any questions or comments concerning this estimate or any other aspect of this information collection please contact, Chief Administrative Information Branch, U.S. Small Business Administration, Washington, D.C. 20416 and Gary Waxman, Clearance Officer, Paperwork Reduction Project (3245 -0096-, Office of Management and Budget, Washington, D.C. 20503.